



# Incident Report

**Print Date/Time:** 11/01/2016 11:36  
**Login ID:** ss0100

Lake Stevens Police Department  
**ORI Number:** WA0311900

**Incident:** 2016-00021258

**Incident Date/Time:** 10/26/2016 1:29:00 PM  
**Location:** SR 9 NE / SOPER HILL RD  
LAKE STEVENS WA 98270  
**Phone Number:** (425) 346-2295  
**Report Required:** No  
**Prior Hazards:** No  
**LE Case Number:**

**Incident Type:** Collision  
**Venue:** Lake Stevens  
**Source:** 911  
**Priority:** 3  
**Status:** 3  
**Nature of Call:**

## Unit/Personnel

Unit	Personnel
19D3	SS0138-Fiske

## Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Driver	LOPEZ RIOS, CHRISTIAN	724 COLUMBIA AVE Bridgeport WA 988130000		White	Male	08/04/1995
2	Driver	ELLIOTT, ROBERT CLIFFORD	12629 45TH AVE Marysville WA 982718601	(425) 346-2295	White	Male	09/18/1984
1	Passenger	MEZA, FLOR IBETH	610E JACK WELLS RD Bridgeport WA 988139746			Female	01/05/1998
2	Passenger	SHULTZ, MICHAEL BRADLEY	4503 83RD PL NW Marysville WA 982710000	(425) 275-7502		Male	09/21/1984

## Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	1999	Chevrolet	K1PU		B23151L	WA
Involved Vehicle	Passenger Car	2001	Ford	EXPDTN		ADF8647	WA

## Disposition(s)

Disposition	Count
M	1

## Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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## CAD Narrative

10/26/2016 : 13:55:08 SP0368 Narrative: SVR Notes: R&R STAR TOWING ER

10/26/2016 : 13:53:54 SP0368 Narrative: 19D3 - TOW FOR CHEVY PU 4 RND

10/26/2016 : 13:39:45 SP0036 Narrative: Narrative added from associated Call #: 473 - 2 VEHS 4 GREEN PATIENTS

10/26/2016 : 13:32:23 SP0263 Narrative: Narrative added from associated Call #: 473 - LR263

10/26/2016 : 13:31:53 SP0368 Narrative: Narrative added from associated Call #: 473 - CFS 470 HAS PARTY INVOLVED, SAYS NON INJ

10/26/2016 : 13:31:32 SP0263 Narrative: Narrative added from associated Call #: 473 - GRY PU ON SOPER HILL RD, RP WHI FORD IS ON RT SIDE OF NB SR 9

10/26/2016 : 13:30:40 SP0263 Narrative: Narrative added from associated Call #: 473 - NON BLKNG, PULLED OFF ONTO RT SIDE OFRDWY

10/26/2016 : 13:30:28 SP0298 Narrative: CC, INTERSECTION, DK GRY CHEV SILVERADO VS WHI FORD EXPEDITION, NON INJ, NON BLKG

10/26/2016 : 13:30:11 SP0263 Narrative: Narrative added from associated Call #: 473 - UNK INJ, RP IN WHI FOR EXPEDITION, HIT BY GRY PU

## COLLISION REPORT

STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT

1591971

REPORT NO. **E601163**CASE # **2016-00021258**LOCAL AGENCY  
CODING **0311900**TOTAL # OF  
UNITS **02**OBJECT  
STRUCKTRIBAL  
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #  
DATE OF COLLISION **10** - **26** - **2016** **1330** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**SOPER HILL RD**BLOCK NO. ☒

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **STATE ROUTE 9 NE**

UNIT 01

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

LAST NAME **LOPEZ RIOS**FIRST NAME **CHRISTIAN**MIDDLE  
INITIALSTREET  
NEW ADDRESS **724 COLUMBIA AVE**CITY **BRIDGEPORT**ST **WA**ZIP **988130000**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE # **LOPEZC\*053ND**STATE **WA**SEX **M**D.O.B.  
MMDDYYYY **08** - **04** - **1995**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET  
USE **2**INJURY  
CLASS **1**

NATURE OF INJURIES

LICENSE  
PLATE # **ADF8647**STATE **WA**VIN# **1FMPU18L41LA53268**TRAILER  
PLATE #

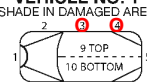
STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **2001**MAKE **FORD**MODEL **EXPDTN**STYLE **UT**VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **MARIA LOPEZ PO BOX 1112 BRIDGEPORT WA 98813**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # **FARMERS 187618367**VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐CITATION # **6Z1041283**CHARGE **FAIL TO YIELD THE RIGHT OF WAY**VEHICLE NO. 1  
SHADE IN DAMAGED AREA

UNIT 02

MOTOR  
VEHICLE ☒PEDAL-  
CYCLE ☐PEDESTRIAN ☐PROPERTY  
OWNER ☐DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

**D: 4253462295**LAST NAME **ELLIOTT**FIRST NAME **ROBERT**MIDDLE  
INITIAL **C**STREET  
NEW ADDRESS **12629 45TH AVE NE**CITY **MARYSVILLE**ST **WA**ZIP **982718601**

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE # **ELLIORC163OQ**STATE **WA**SEX **M**D.O.B.  
MMDDYYYY **09** - **18** - **1984**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET  
USE **2**INJURY  
CLASS **1**

NATURE OF INJURIES

LICENSE  
PLATE # **B23151L**STATE **WA**VIN# **2GCEK19T5X1284453**TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR **1999**MAKE **CHEV**MODEL **K1PU**

STYLE

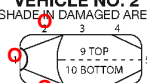
VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒REGISTERED OWNER INFO. **ROBERT ELLIOTT 1414 82ND ST NW MARYSVILLE WA 98271**LIABILITY INSURANCE  
IN EFFECT ☒INSURANCE CO  
& POLICY # **GEICO 4420877054**VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2  
SHADE IN DAMAGED AREAOFFICER'S NAME (PRINT)  
**B. FISKE #0138**BADGE OR ID #  
**0138**AGENCY  
**WA0311900**


**STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E601163**CASE # **2016-00021258**
**ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)**

NAME (LAST, FIRST, MIDDLE INITIAL)		<b>MEZA FLOR I</b>																		
ADDRESS & PHONE # <b>610E JACK WELLS RD BRIDGEPORT WA 988139746</b>														SEX <b>F</b>	D.O.B. MMDDYYYY <b>01</b>	-	<b>05</b>	-	<b>1998</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>1</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		<b>SHULTZ MICHAEL B</b>																		
ADDRESS & PHONE # <b>4503 83RD PL NW MARYSVILLE WA 982710000 4252757502</b>														SEX <b>M</b>	D.O.B. MMDDYYYY <b>09</b>	-	<b>21</b>	-	<b>1984</b>	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	<b>2</b>	SEAT POS.	<b>3</b>	AIRBAG	<b>2</b>	RESTR.	<b>4</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

**NARRATIVE**

V2 was traveling westbound on Soper Hill Rd passing through the intersection of State Route 9 NE. V2 had a green light and the right of way to proceed through the intersection. V1 was traveling eastbound on Soper Hill Rd on the west side of the intersection towards State Route 9 NE and attempted to make a left turn onto State Route 9 NE to go northbound. V2 struck V1 on the right side. Driver of V1 issued NOI for failing to yield the right of way.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**B. FISKE #0138**
**10-27-16 08:01 AM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

**ROBERT MINER 0095**

DATE

**10/27/2016 9:37:34 PM**

BADGE OR ID #

**0138**

ORI #

**WA0311900**

TIME POLICE DISPATCHED

**1:30 PM**

TIME POLICE ARRIVED

**1:35 PM**
**PART B** 3000-345-160 R (7/06)

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OF

**3**

REPORT NO. E601163

CASE # 2016-00021258

DATE AND TIME  
OF COLLISION 10/26/16 13:30

